

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15415

FILED MAY 12 1944

Primary Registration District No.

5920

Registrar's No.

42

1. PLACE OF DEATH:

(a) County Perry
(b) City or town rural Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Leonia Stockdale

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ralph Stockdale 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased November 7 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 5 20 hr. min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name Thomas Ogie Walker
13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Martin
15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Ogie Walker

(b) Address Seventy Six No. RFD. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-1944
(Month) (Day) (Year)

(c) Place: burial or cremation Brazear, Mo. Perry Co.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo

19. (a) 4-28-44 (b) Thos J Elder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Rural Union
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1944 hour 8 minute 50 AM

21. I hereby certify that I attended the deceased from April 10 1944 to April 27 1944
that I last saw her alive on April 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 4 years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No.

While at work (Specify type of place) (e) Means of injury

23. Signature Theodore Feader (M. D. or other)

Address Altamburg, Mo. Date signed 4-28-44

FEB 4 1948

RECEIVED RPT 9 1948

District Health Officer No. 4

District File Number 544-381

Date Filed 5-10-44

JUL 7

1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.